

AO 435 (Rev 03/08)		Administrative Office of the United States Courts		FOR COURT USE ONLY DUE DATE	
TRANSCRIPT ORDER					
Please Read Instructions					
1 NAME Robert Zwillich		2 PHONE NUMBER 212-474-1212		3 DATE 11/20/17	
4 MAILING ADDRESS 825 P Avenue		5 CITY NY		6 STATE NY	7 ZIP CODE 10019
8 CASE NUMBER 17-BK-3283		9 JUDGE SWAIN		DATES OF PROCEEDINGS	
				10 FROM 10/25/17	11 TO 10/25/17
12 CASE NAME Commonwealth of Puerto Rico		LOCATION OF PROCEEDINGS			
		13 CITY NY		14 STATE NY	
15 ORDER FOR					
<input type="checkbox"/> APPEAL		<input type="checkbox"/> CRIMINAL		<input type="checkbox"/> CRIMINAL JUSTICE ACT	
<input type="checkbox"/> NON-APPEAL		<input type="checkbox"/> CIVIL		<input type="checkbox"/> BANKRUPTCY	
				<input checked="" type="checkbox"/> OTHER	
16 TRANSCRIPT REQUESTED (Specify portion(s) and date(s) of proceeding(s) for which transcript is requested)					
PORTIONS		DATE(S)		PORTION(S)	
<input type="checkbox"/> VOIR DIRE				<input type="checkbox"/> TESTIMONY (Specify Witness)	
<input type="checkbox"/> OPENING STATEMENT (Plaintiff)		OCT 25, 2017			
<input type="checkbox"/> OPENING STATEMENT (Defendant)					
<input type="checkbox"/> CLOSING ARGUMENT (Plaintiff)				<input type="checkbox"/> PRE-TRIAL PROCEEDING (Specy)	
<input type="checkbox"/> CLOSING ARGUMENT (Defendant)					
<input type="checkbox"/> OPINION OF COURT					
<input type="checkbox"/> JURY INSTRUCTIONS				<input type="checkbox"/> OTHER (Specify)	
<input type="checkbox"/> SENTENCING					
<input type="checkbox"/> BAIL HEARING					
17 ORDER					
CATEGORY	ORIGINAL (Includes Certified Copy to Clerk for Records of the Court)	FIRST COPY	ADDITIONAL COPIES	NO. OF PAGES ESTIMATE	COSTS
ORDINARY	<input type="checkbox"/>	<input type="checkbox"/>	NO OF COPIES		
14-Day	<input type="checkbox"/>	<input type="checkbox"/>	NO OF COPIES		
EXPEDITED	<input type="checkbox"/>	<input type="checkbox"/>	NO OF COPIES		
DAILY	<input type="checkbox"/>	<input type="checkbox"/>	NO OF COPIES		
HOURLY	<input checked="" type="checkbox"/>	<input type="checkbox"/>	NO OF COPIES		
REALTIME	<input type="checkbox"/>	<input type="checkbox"/>			
CERTIFICATION (18 & 19) By signing below, I certify that I will pay all charges (deposit plus additional)				ESTIMATE TOTAL	0.00
18 SIGNATURE Robert Zwillich				PROCESSED BY	
19 DATE 11/20/17				PHONE NUMBER	
TRANSCRIPT TO BE PREPARED BY				COURT ADDRESS	
ORDER RECEIVED		DATE	BY		
DEPOSIT PAID				DEPOSIT PAID	
TRANSCRIPT ORDERED				TOTAL CHARGES 0.00	
TRANSCRIPT RECEIVED				LESS DEPOSIT 0.00	
ORDERING PARTY NOTIFIED TO PICK UP TRANSCRIPT				TOTAL REFUNDED	
PARTY RECEIVED TRANSCRIPT				TOTAL DUE 0.00	

DISTRIBUTION: COURT COPY TRANSCRIPTION COPY ORDER RECEIPT ORDER COPY